

HudsonWay Sleepaway Medical Form 2

Camper Health-Care Recommendations by Licensed Medical Personnel/Health Care Provider FORM 2 of Camper Health History Record

Parent(s)/Guardian(s):

Please complete the section below and then give this form (FORM 2) to your child's **Healthcare Provider** for review, completion and signature. Please attach additional information needed for the proper care of the Camper.

Camper Name:

First	Middle	Last
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Gender: _____ Birth Date _____/_____/_____ Age while at Camp _____

Camper home address:

Street	City	State	Zip Code
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Custodial parent(s)/guardian(s) name & daytime phone number:

Licensed Medical Personnel/Healthcare Provider:

Please review and complete remaining sections of this Form. Attach additional information as needed. Thank you.

Date of most recent physical examination: _____/_____/_____

Campers are required to have a physical exam within the 12 months prior to Camp participation.

Weight: _____ lbs. Height: _____ft____in Blood Pressure_____/_____

Allergies: _____No Known Allergies _____ yes, listed & described below:

Diet/Nutrition: _____ Regular Diet _____ has prescribed meal plan/dietary restrictions as described below:

Existing Conditions/Treatment: The camper is undergoing treatment for the following as described below:

Other treatments/therapies to be continued at Camp: _____ None needed _____ Yes, as described below:

Will the camper need special accommodations or restrictions at camp? ____ No ____ Yes, as described below:

Medication: ____ No prescribed medications ____ Medications described below: (name, dosage & frequency)

"I have reviewed the Camper's Health Records and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally able to participate in an active camp program except as noted above."

Name & Title: _____
(Please Print)

(Signature)

(Date)

Name of Practice/Office

Office Address:

Street

City

State

Zip Code

Telephone: (_____) _____